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| SJAKLE | St. John AmbulanceNURSING STUDIESBURSARY APPLICATION FORM*ALL CATEGORIES — INCLUDING CONTINUING AID* |

**To apply for a St. John Ambulance Nursing Bursary, you must:**

1. Fill in all sections of this application that are applicable to you. Please print clearly or type.
2. Forward your completed application together with all supporting documentation by the MARCH 15th deadline to your St. John Ambulance Provincial Council Office.

If faxing or e-mailing your application, **ORIGINAL DOCUMENTS MUST BE RECEIVED** at your Provincial Council Office within one week of the deadline. First-time applicants **DO NOT FORGET** to include two written references with your submission. Incomplete applications **WILL NOT BE FORWARDED TO NATIONAL OFFICE FOR CONSIDERATION**.

**There are three steps to the application review process:**

1. Your file will be reviewed for completeness and summarized by your Provincial/Territorial Council prior to forwarding to the National Bursary Committee.
2. All completed applications will be reviewed by the Committee to determine eligibility based on the criteria established and categorized by academic achievement, financial need, commitment to St. John Ambulance, etc.
3. You will be notified of your application status. If successful, you will be asked to forward your confirmation of acceptance in the chosen program of study, your final transcripts and your **Social Insurance Number** prior to receiving a Bursary Award. Original documents will not be returned.

**PRIVACY STATEMENT**

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| St. John Ambulance is committed to your privacy. The personal information you have provided us within this application form will be used to determine your eligibility for the nursing studies bursary. Following the notification to the selected candidates of their application status, the information of those individuals selected will be retained at St. John Ambulance National Office for a period of 10 years. The information of those individuals who were not eligible will be destroyed within two years following the issuance of notification. Should you wish to have access to the information about yourself, to review it and/or ask for corrections or add annotations to it, please contact the Awards Program Coordinator at St. John Ambulance National Office, 400-1900 City Park Dr., Ottawa, Ontario K1J 1A3. For further information about St. John Ambulance’s Privacy Policy, please contact our Privacy Officer at the address above or by email at privacyofficer@sja.ca. |

**A. GENERAL INFORMATION**

**Please indicate for which program you wish to obtain financial assistance.**

* Diploma
* Baccalaureate (Degree)
* Graduate (Masters, Doctoral)
* Post Diploma/Baccalaureate Specialization
* Practical Nursing (RPN/LPN)
* Continuing Aid in any of the above (*indicate which program*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **NAME:** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **First** | **Middle** | **Last** |
| **PERMANENT ADDRESS:** | Click or tap here to enter text. |
| **Number and Street / Rural Route / PO Box #** |
| Click or tap here to enter text. |
| **City** | **Province** | **Postal Code** |
| **CONTACT:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Home Phone** | **Work Phone** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Cell Phone** | **E-Mail** |

**B. EDUCATIONAL BACKGROUND**

List educational institutions attended giving most recent first. (Attach second sheet is necessary.)

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| Institution & Location | **Attendance****Dates** | **Diploma / DegreeCertificate Received*(if applicable)*** | **Specialization** |
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* Attach official transcripts of grades from your most recent secondary school program and/or most recent educational program, or where applicable, your nursing program.
* Include a photocopy of your current provincial/territorial membership certificate, license or certificate of competence (where applicable).

**C. WORK EXPERIENCE & COMMUNITY ACTIVITES**

List all work experience, with the current or last position held first. (Attach second sheet is necessary.)

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| **Position / Title** | Employer & Location | **Dates** |
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List all professional organizations, civic and community organizations in which you are or have recently volunteered with and any offices / positions held.

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List all honours and awards received.

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What are your career goals?

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**D. ST. JOHN AMBULANCE ACTIVITIES**

**Affiliation with and service commitment to St. John Ambulance are requirements for the granting of bursaries in all instances. To be considered for the bursary, applicants must be in good standing with the organization, averaging a minimum of 60 volunteer hours per year.**

1. Describe your affiliation, past and present, with St. John Ambulance (capacity, years served, number and type of courses taught).

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| **Total Volunteer Hourswith St. John Ambulance** | **Current Year** | **Previous Year** |
| Click or tap here to enter text. | Click or tap here to enter text. |

1. Upon completion of your nursing program, describe how you will continue to assist
St. John Ambulance, in what capacity and where.

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**E. PROPOSED PROGRAM OF STUDY**

This section must be completed ***even if you do not know*** your acceptance status.

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| **Specify Nursing Program:** |  |
| * **Graduate**
 | * **Masters**
 | * **Doctoral**
 |
| * **Baccalaureate**

 **Degree** | * **Generic / Collaborative Program**
 | * **Post R.N. Baccalaureate**
 |
| * **Diploma**
 | * **Post Diploma / Baccalaureate Specialization**

**(Specify)** | * **Practical Nursing**
 |
| **Institution & Location:** | Click or tap here to enter text. |
| **Studies will be:** | * **Full-Time** Complete Section F.1
* **Part-Time** Complete Section F.2
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**E.1 Full-Time Studies Only**

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| **Length of total program of study:** | Click or tap here to enter text. |
| **Dates of proposed program of study for which this assistance is requested:** |
| **From:** Click or tap here to enter text. | **To:** Click or tap here to enter text. |
| **Which year of study are you entering?** |
| * First
 | * Second
 | * Third
 | * Fourth
 |
| **What is your acceptance status?** | * **Confirmed (proof required)**
* **Tentative**
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#### E.2 Part-Time Studies Only

#### *E.2.1 Diploma / Baccalaureate / Graduate Program*

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| **Name of the program:** | Click or tap here to enter text. |
| **Number of courses to be taken in the coming year:** | Click or tap here to enter text. | **Number of courses to be taken at one time:** | Click or tap here to enter text. |
| **Cost per course:** | $ Click or tap here to enter text. | **Number of courses required to complete the program:** | Click or tap here to enter text. |
| **Mode of Study (e.g. on-line, correspondence, long-distance, classroom, etc.)** | Click or tap here to enter text. | **Duration of each course(e.g. semester, academic year, etc.):** | Click or tap here to enter text. |
| **What is your acceptance status?** | * **Confirmed (proof required)**
* **Tentative**
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#### *E.2.2. Nursing Specialty Program*

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| **Name of the specialty:** | Click or tap here to enter text. |
| **Number of courses to be taken in the coming year:** | Click or tap here to enter text. | **Number of courses to be taken at one time:** | Click or tap here to enter text. |
| **Cost per course:** | $ Click or tap here to enter text. | **Number of courses required to complete the program:** | Click or tap here to enter text. |
| **Mode of Study (e.g. on-line, correspondence, long-distance, classroom, etc.)** | Click or tap here to enter text. | **Duration of each course(e.g. semester, academic year, etc.):** | Click or tap here to enter text. |
| **Certificate or diplomaexpected on completion** | Click or tap here to enter text. |
| **What is your acceptance status?** | * **Confirmed (proof required)**
* **Tentative**
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**F. FINANCES**

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| **State anticipated expenses for upcoming year:** |
| a) Tuition Fees | $ Click or tap here to enter text. |
| b) Books and Supplies | $ Click or tap here to enter text. |
| c) Travel | $ Click or tap here to enter text. |
| d) Room and Board | $ Click or tap here to enter text. |
| e) Other (Specify) | $ Click or tap here to enter text. |
| **Total:** | **$** Click or tap here to enter text. |

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| **State other financial assistance requested and/or received and amount(s).** |
| Click or tap here to enter text. | $ Click or tap here to enter text. |
| Click or tap here to enter text. | $ Click or tap here to enter text. |
| Click or tap here to enter text. | $ Click or tap here to enter text. |

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| **Do you have other means of financial support? State source and amount (s).**  |
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| **Degree of dependency on bursary assistance (High, Medium, Low & state why).** |
| Click or tap here to enter text. |
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| **State extent of financial responsibility for dependents (if any).** |
| Click or tap here to enter text. |
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| **How were you made aware of the St. John Ambulance bursary awards?** |
| Click or tap here to enter text. |
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| **Have you previously received a St. John Ambulance bursary award from either the National Bursary Committee or from a Provincial Council? If so, please state the source of the award, the year and the amount received.** |
| **Source** | **Year Received** | **Amount** |
| Click or tap here to enter text. | Click or tap here to enter text. | $ Click or tap here to enter text. |
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**G. REFERENCES (New Applicants Only)**

A minimum of two written references are required and are an integral part of your application submission. One must be from an individual who has known you for the past five years and who can evaluate your job performance, educational aptitude and leadership potential. The other **must** be from the St. John Ambulance Community Service **Officer** or Director of Training. References must be provided on the approved Reference Form and must be signed and dated.

**Letters of reference are mandatory for your file to be complete. These letters must form part of the application submission to National Headquarters to be considered complete. The Bursary Committee will not review incomplete files.**

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|  | I | Click or tap here to enter text. | understand that: |  |
|  |  | (Please print name) |  |  |
| a) if I am unable to complete the program as funded, the St. John Ambulance Bursary Committee reserves the right to require repayment of my award, in whole or in part. |
| b) in the event that false information is provided, bursary acceptance will be invalidated. |
|  | Click or tap here to enter text. |
|  | (Signature) |  | (Date) |  |